FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL OMB Number: 3235-0076 May 31, 2005 Expires: Estimated average burden Hours per response: 16.00

	SEC USE	ONLY	
Prefix	1	1	Serial
I	ATE RE	CEIVEL)

			·····	
Name of Offering (check is Blackstone Lexington .	f this is an amendment and name has char Avenue Fund L.P.	ged, and indicate change	÷.)	A STATE OF THE STA
Filing Under (Check box(es) that	t apply): Rule 504 Rule 505	Rule 506 Section	n 4(6) ULOE	A Company
Type of Filing: New Fili	ng Amendment			
	A. BASIC IDEN	TIFICATION DATA		
1. Enter the information requeste	ed about the issuer			
Name of Issuer (check if this Blackstone Lexington	s is an amendment and name has changed Avenue Fund L.P.	, and indicate change.)		
•	umber and Street, City, State, Zip Code) V York, New York 10154		1 .	er (Including Area Code) 12-583-5000
Address of Principal Business Of (if different from Executive Office)	perations (Number and Street, City, State, ces)	Zip Code)	Telephone Number	er (Including Area Code)
Brief Description of Business	To operate as a private investment limit	ed partnership.		PROCESSED
Type of Business Organization				MAY 1 0 2004
corporation	limited partnership, already fo	rmed othe	er (please specify):	MAT TO ZOO!
business trust	limited partnership, to be form		,	THOMSON FINANCIAL
Actual or Estimated Date of Inco	Mo orporation or Organization: _1	nth Year 103	☑ Actual ☐ 1	Estimated
Jurisdiction of Incorporation or (Organization (Enter two-letter U.S. Postal CN for Canada; FN for other		State:	DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report thename of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

				A. BASIC IDEN	TIFICATION DATA		
2.	Ente	er the information	on requested for th	e following:			
	o	Each promoter	of the issuer, if th	e issuer has been organized	within the past five years;		
	0	Each beneficial of the issuer;	l owner having the	e power to vote or dispose,	or direct the vote or dispositio	n of, 10% or more o	of a class of equity securities
	o	Each executive	e officer and direct	or of corporate issuers and	of corporate general and mana	iging partners of par	tnership issuers; and
	o	Each general a	nd managing partr	ner of partnership issuers.			
Check E	Box(es	that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General Partner
Full Nat		ast name first, it	findividual) tive Asset Manage	ment L.P.			
Busines	s or R	esidence Addre		r and Street, City, State, Zi	p Code)	· · · · · · · · · · · · · · · · · · ·	
Check E		that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General Partner of the General Partner
Full Na	•	ast name first, i	oup, Inc.				
Busines	-	esidence Addre Park Avenue, 1	ss (Numbe New York, New Yo	er and Street, City, State, Zi ork 10154	p Code)		
Check E	Box(es	s) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Controller of the General Partner
Full Na		ast name first, i	findividual)				
Busines	s or R	esidence Addre	ss (Numbe New York, New Y	er and Street, City, State, Zi ork 10154	p Code)		
Check I	Box(es	s) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Na	me (L	ast name first, i	f individual)				
Busines	s or R	esidence Addre	ss (Numbe	er and Street, City, State, Zi	p Code)		
Check I	Box(es	s) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Na	me (L	ast name first, i	f individual)				
Busines	s or R	esidence Addre	ss (Numbe	er and Street, City, State, Zi	p Code)	· · · · · · · · · · · · · · · · · · ·	
Check I	Box(e	s) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Na	me (L	ast name first, i	findividual)				
Busines	s or R	lesidence Addre	ss (Numbe	er and Street, City, State, Zi	p Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		******	· · · · · · · · · · · · · · · · · · ·		B.	INFORMA	TION ABO	OUT OFFE	RING				
1.						, to non-ac		vestors in th	nis offering	?	Yes	No	
2.	What is	the minim	ium investr	nent that w	ill be accep		ny individu	ıal ounts.				*	
3. 4.	Enter the remune agent or persons Applica	ne informat ration for s f a broker of to be liste able	ion request solicitation or dealer re d are assoc	ed for each of purchase gistered wi iated perso	person whers in conn th the SEC	no has been ection with and/or with	or will be sales of se h a state or	curities in t states, list	en, directly he offering the name of	or indirect If a perso the broker	ly, any con on to be list or dealer.	nmission or	ociated person or an five (5)
Full Na	me (Last	name first	, if individ	ual)									
Busines	s or Res	idence Ado	lress (Num	ber and Str	eet, City, S	state, Zip C	ode)						
Name o	f Associ	ated Broke	r or Dealer										
			ted Has Sol or check in			olicit Purch	asers					☐ All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last	name first	, if individ	ual)									
Busines	s or Res	idence Ado	lress (Num	ber and Str	eet, City, S	State, Zip C	ode)						
Name o	f Associ	ated Broke	r or Dealer		 	 		<u> </u>					
			ted Has Sol or check in			olicit Purch	asers					☐ Al	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last	name first	, if individ	ual)									
Busines	s or Res	idence Ado	iress (Num	ber and Str	eet, City, S	State, Zip C	ode)		***				
Name o	f Associ	ated Broke	r or Dealer	1	***		1 -11 0.00.						
			ted Has So or check in			olicit Purch	asers					☐ Al	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

•	Enter the aggregate offering price of securities included in this offering and the total amount already so "none" or "zero". If the transaction is an exchange offering, check this box [] and indicate in the collaboration that is a securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$0	\$	50
	Equity			60
	[] Common [] Preferred		- "	
	Convertible Securities (including warrants)	\$0	\$	50
	Partnership Interests			3205,000,000
	Other (Specify)			60
	Total			<u> </u>
	Answer also in Appendix, Column 3, if filing under ULOE.	\$2,000,000,000		5205,000,000
	Enter the number of accredited and non-accredited investors who have purchased securities in this office amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have paggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		s and t	
	Accredited Investors	2	\$	\$205,000,000
	Non-accredited Investors	0	 \$	60
	Total (for filing under Rule 504 only)		 \$	3
١.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this off type listed in Part C - Question 1.	sold by the issuer, ering. Classify se	curitie	s by
	Type of Offering	Type Securi		Dollar Amount Sold
	Rule 505		•	\$
	Regulation A			\$
	Rule 504			\$
	Total			\$
٠.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securitie amounts relating solely to organization expenses of the issuer. The information may be given as subjet the amount of an expenditure is not known, furnish an estimate and check the box to the left of the est	et to future contin		de
	Transfer Agent's Fees		[]	\$0
	Printing and Engraving Costs		[x]	\$*
	Legal Fees		[x]	\$*
	Accounting Fees		[x]	\$*
	Engineering Fees	•••••	[]	\$0
	Sales Commissions (specify finders' fees separately)		[]	\$0
	Other Expenses (identify)	••••••	[x]	\$*
	Total		[x]	\$20,000*

^{*}All offering and organizational expenses are estimated not to exceed \$20,000

	expenses furnished in response to Part C - Question 4.a. This difference is t issuer."						\$1,999,980,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used purposes shown. If the amount for any purpose is not known, furnish an est estimate. The total of the payments listed must equal the adjusted gross pro C - Question 4.b above.	timate a	and c	heck the box to th	e left c	of the	
				Payments to Officers, Directors, & Affiliates			Payments to Others
	Salaries and fees	[]	\$	[]	\$
	Purchase of real estate	[]	\$	[]	\$
	Purchase, rental or leasing and installation of machinery and equipment	[]	\$	[]	\$
	Construction or leasing of plant buildings and facilities	[]	\$	[]	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]	\$]]	\$
	Repayment of indebtedness	[]	\$	[]	\$
	Working capital	[]	\$	[]	\$
	Other (specify): Investment Capital	[]	\$	[>	()	\$1,999,980,000
	Column Totals.	[\$	[X	: 1	\$1,999,980,000
	Total Payments Listed (column totals added)	•	,	[X]	_	-	
	D. FEDERAL SIG	GNAT.	IDE				
	issuer has duly caused this notice to be signed by the undersigned duly authorature constitutes an undertaking by the issuer to furnish to the U.S. Securities	orized p	oerso	nge Commission,			
sigi	rmation furnished by the issuer to any non-accredited investor pursuant to pa		h (b)	(2) of Rule 502.			
nfo			h (b)	(2) of Rule 502.		D	Pate ,
nfo Issu	rmation furnished by the issuer to any non-accredited investor pursuant to pa		h (b)	(2) of Rule 502.		D	Pate 5/4/04
sign Info	ermation furnished by the issuer to any non-accredited investor pursuant to patter (Print or Type) Signature	aragraph	1			D.	Pate 5/4/84

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

	E. STATE SIGNATURE
1.	Yes No Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?
	See Appendix, Column 5, for state response. Not applicable
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. Not applicable
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not applicable
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. Not applicable
	sissuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the ersigned duly authorized person.
Issu	ner (Print or Type) Signature Date
Bla	ckstone Lexington Avenue Fund L.P.
Naı	me (Print or Type) Title (Print or Type)

Controller of the General Partner

Instruction:

Arthur Liao

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

BLACKSTONE LEXINGTON AVENUE FUND L.P.									
1	2		3		4	5 Not Applicable Disqualification			
	Intend to to no accred investor State (Part B- 1)	n- ited rs in e	Type of security and aggregate offering price offered in state (Part C-Item 1)	Туре о	f investor and amou (Part C-Ite	nt purchased in m 2)	State	under St (if yes explar waiver	ate ULOE s, attach nation of granted)
			Limited Partnership Interests	Number of Accredited Investors		Number of Non- Accredited	i 		
State	Yes	No	\$2,000,000,000		Amount	Investors	Amount	Yes	No
AK									
AL AR									
AZ	- · · ·								
CA									
СО									
CT									
DC									
DE									
FL									
GA									
HI									
IA									
ID									
IL									
IN									
KS									
KY									
LA									
MA							<u> </u>		
MD									
ME									
MI									
MN									
МО									
MS									
MT									

APPENDIX

			BLACK		PENDIX IGTON AVENUE F	FUND L.P.			
1	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of security and aggregate redited offering price estors in State (Part C-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1) Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Limited Partnership Interests \$2,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
NC									
ND									
NE									
NH									
NJ									
NM ———		ļ				<u> </u>			
NV	-								
NY	<u> </u>	X	Х	1	\$205,000,000	0	0	 	
OH .						ļ		ļ	
OK	 					-		-	
OR									
PA					<u> </u>			 	
PR		 						-	
RI SC	 	}					 		
SD	-							 	
TN								-	
TX	 							<u> </u>	
UT		 							-
VA		 			}				
VT		-							
WA	 	 				-			
WI									
WV	 	 							
WY	 	 							